

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	IMPROVED ACOUSTIC SHOCK WAVE ATTENUATING ASSEMBLY
Attorney Docket Number::	WADDELL 1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	3
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	Yes
Petition Type::	PETITION TO MAKE SPECIAL
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	John

Middle Name:: L.
Family Name:: WADDELL
Name Suffix:: Jr
City of Residence:: Houston
State or Province of Residence:: Texas
Country of Residence:: U.S.
Street of Mailing Address:: 6723 Fawnclyff Drive
City of Mailing Address:: Houston
State or Province of Mailing Address:: Texas
Country of Mailing Address:: U.S.
Postal or Zip Code of Mailing Address:: 77069
Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: James
Middle Name:: F.
Family Name:: GORDON
Name Suffix::
City of Residence:: Nokomis
State or Province of Residence:: Florida
Country of Residence:: U.S.
Street of Mailing Address:: 350 Sorrento Ranches Drive
City of Mailing Address:: Nokomis
State or Province of Mailing Address:: Florida
Country of Mailing Address:: U.S.
Postal or Zip Code of Mailing Address:: 34275

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::